

Request for Information 0503-ES

**Alternative Pharmacy Benefit Management
of Medicaid Prescription Drugs**

**Issued by:
The State of Wisconsin**

**Department of Health and Family Services
Division of Health Care Financing**

June 1, 2005

**Responses are due by:
June 30, 2005**

1.0 Introduction

1.1 Purpose of the Request for Information

The Department of Health and Family Services' (DHFS) primary objective in issuing this RFI is to gather information from interested parties regarding the potential drug cost savings that would result from alternatives to the current pharmacy benefits management of prescription drugs for the Wisconsin Medicaid, BadgerCare and SeniorCare programs, including for recipients enrolled in the fee-for-service and managed care programs.

DHFS is seeking information from potential vendors to credibly determine whether alternatives to current practices and vendor relationships could reduce the current net expenditures per recipient.

As a result of this RFI, DHFS may develop and issue a plan to purchase such services.

1.2 Business Drivers

The Department recently procured a comprehensive Fiscal Agent contract that includes support and continuation of current pharmacy management practices of the Wisconsin Medicaid program as well as implementation of a multi-state preferred drug list purchasing consortium.

This RFI will allow the Department to assess, with a reasonable level of confidence, whether carving out the entire pharmacy benefit management value chain or certain portions of it to another vendor could produce sufficient incremental savings in prescription drug costs to warrant making the change.

This RFI does not indicate actual or perceived problem with the current Medicaid MMIS vendor.

Key factors that should be considered or addressed by RFI respondents include:

- Incremental cost savings
- Time to value realization – how long will it take to implement the changes necessary to achieve expected cost savings
- Minimize implementation complexity and risk in light of the MMIS conversion scheduled to go live on January 1, 2007
- Incremental costs to implement and administer an alternative solution would have to be funded from incremental savings
- The potential impact of the proposed solution on consumers and prescribers
- It is imperative that the solution retain full access to all available federal Medicaid rebates

- Complete transparency of any and all supplemental rebates must be maintained.
- The goal is lowest net pharmacy costs without adverse clinical consequences – not maximizing rebates

1.3 Scope Options

The State is interested in reviewing vendor perspectives on a range of PBM-related functions including:

- The design, implementation and maintenance of a preferred drug list (PDL) systematically reviewing therapeutic classes and new product introductions to be integrated into the existing or a new prior authorization (PA) program for Wisconsin Medicaid.
- Approaches to serve as the Department’s agent in negotiating supplemental rebates, implementing agreements with pharmaceutical manufacturers, preparing supplemental rebate claims and collecting associated revenues.
- Expert consultant services specific to Medicaid policy implementation and pharmacy management matters that involve prospective and retrospective drug utilization review (DUR), evidence-based policy development, and provider education and compliance.
- Information on operational components and use of technology associated with Pharmacy Benefit Management (PBM) services, such as claims processing, prior authorization, prospective and retrospective drug utilization review processes or software (DUR), including for Medicaid managed care programs.

Please indicate what portion or portions of the value chain you would propose to provide and a brief description of your views regarding the respective pros and cons (such as cost, risk, and schedule) for implementing, taking over, or replacing processes and applications necessary to implement your programs.

Also describe any new or innovative business initiatives for Medicaid or other health care programs that have achieved program or administrative savings, and how these initiatives are likely to reduce current Medicaid fee-for-service or managed care drug expenditures compared to current trends.

1.4 Proposed Business Model

Please provide an overview of your preferred business model including detail necessary for the Department to reasonably assess the following:

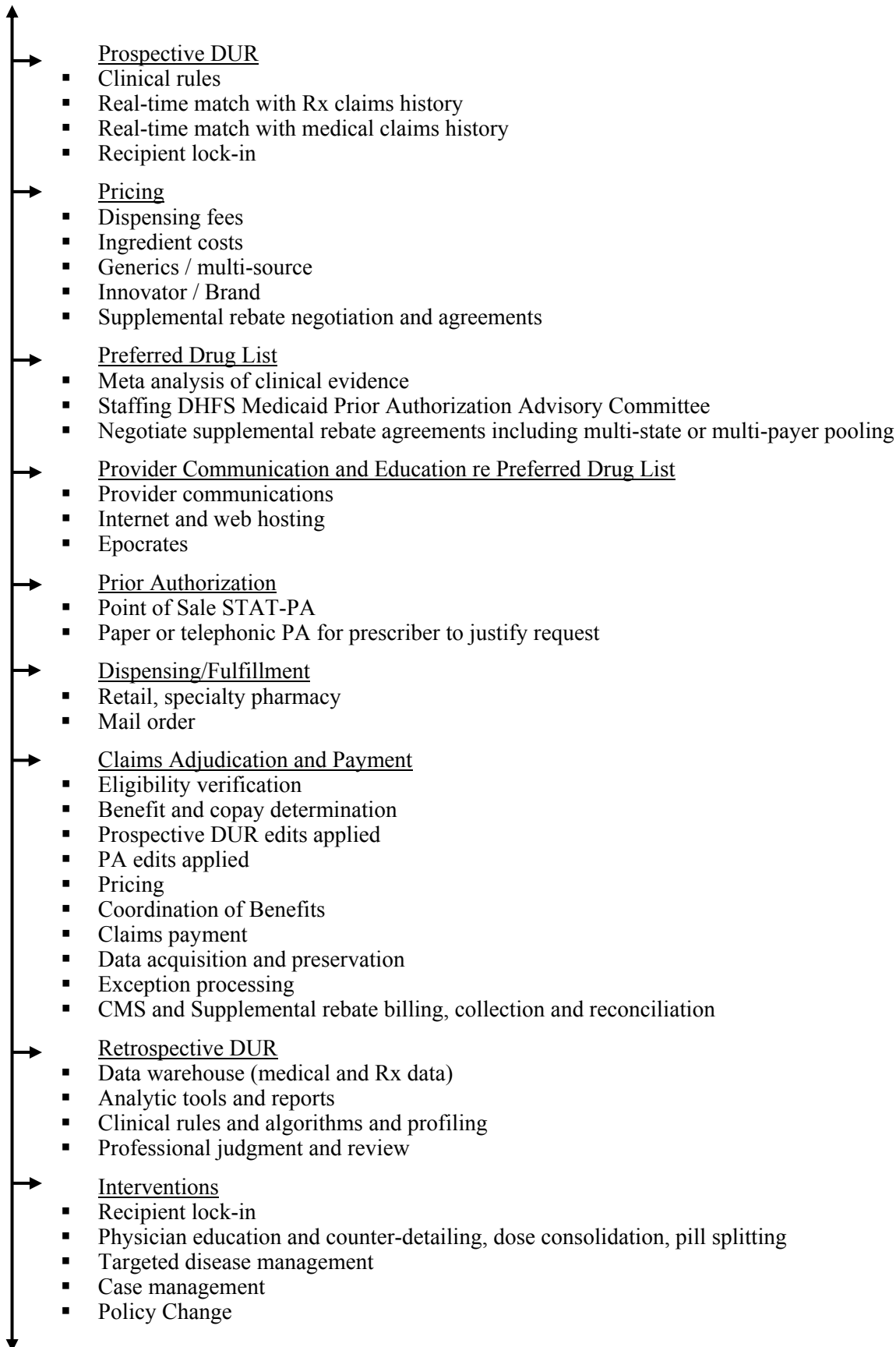
- a) The degree of risk you are willing to assume;

- b) What, if any, performance guarantees are offered; and
- c) Assurances of complete program and fiscal transparency.
- d) How you charge for your services.

1.5 Medicaid Pharmacy Benefit Management Value Chain

Vendor responses should be made in the context of the following Medicaid Pharmacy Benefit Management Value Chain illustration in order to clearly identify opportunities for future cost reductions relative to Wisconsin's current practices.

Wisconsin Medicaid Pharmacy Benefit Management Value Chain



1.6 Fiscal Agent Contract and MMIS Project Information

The state contracts with a Fiscal Agent to operate maintain and enhance the federally required Medicaid Management Information System(MMIS) and to provide a wide scope of administrative, technical, clinical and analytical services to support the administration of the Departments health care programs. In 2004, the Department administered a competitive procurement for the next Fiscal Agent contract. Information about the procurement and the scope of the fiscal agent contract can be found on the Department website at dhfs.wisconsin.gov/rfp/.

The procurement requires the design, development and implementation (DDI) of a new MMIS over a period of 24 months. The DDI process began in January 2005 and implementation of the new MMIS is scheduled to occur early in 2007. The contract has a 5 year base operational term with 5 optional one year extensions. The scope of the fiscal agent contract includes requirements for the full scope of PBM systems and activities.

The following services are provided under the current Medicaid Fiscal Agent Contract with EDS and their subcontractors.

- Operate, maintain and enhance the federally required Medicaid Management Information System (MMIS). The MMIS and fiscal agent staff supports the following:
 - Inbound claims logistics (paper and EDI receipt and registration)
 - Claims adjudication (processing, review, approval, denial, suspension)
 - Outbound claims logistics; provider payment and recovery, remittance advice
 - Eligibility File and interface with CARES ,SSA and Medicare for eligible recipients/participants of Medicaid/BadgerCare/ SeniorCare/FamilyCare)
 - Provider File of certified providers and managed care plans
 - Managed Care enrollment processing and capitation calculation and payment
 - HMO Encounter Data processing and reporting
 - State and Federal reporting
 - Prior Authorization Processing (registration, review, approval, suspension for Department review)
 - Surveillance and Utilization Review including Drug Utilization Review
 - Coordination of Benefits with health insurance and Medicare
 - Estate Recovery Processing
 - Drug Rebate Processing
 - Pharmacy Point of Sale system and real time claims adjudication
 - Recipient Identification Card Issuance
 - Eligibility Verification
 - Financial processing and reporting including premium collection for BadgerCare/Medicaid Purchase Plan

- Data Warehouse and Decision Support Services including for Medicaid claims analysis and DUR programs.
- Wisconsin Immunization Registry
- Written and Telephone Customer Service for Providers and Recipients/Participants
- Medical Consultants for review of Prior Authorizations and consultation on policy/program development
- Publications and Communications development and publishing
- Managed care contract monitoring and customer service
- SeniorCare application processing
- Actuarial services
- Analytical, technical and clinical staff to support ad-hoc reporting and analysis of data from the data warehouse requested by DHFS.

1.7 Overview of Division of Health Care Financing Programs

Wisconsin Medicaid is a federal/state partnership that provides a comprehensive package of medical services to low-income children and families, elderly and disabled State residents. The State Department of Health and Family Services, Division of Health Care Financing administers the program. As of April 2005, a total of 821,130 eligible individuals were enrolled, receiving services through the Fee-for-Service (FFS) program, managed care and institutional settings.

Medicaid Fee-for-Service Enrollment and Pharmacy Costs

	SFY05	SFY05	SFY05	SFY04
Program	Lives	Claims	Gross \$\$*	Dual \$\$
Medicaid Fee-for-Service	411,113	10,280,381	\$626,104,740	\$357,278,421
SeniorCare	87,000	3,421,363	\$128,635,874	\$0
Total	498,113	13,701,744	\$754,740,614	\$357,278,421

* Dispensing fees plus ingredients costs at MAC or AWP minus 13%

It is estimated that Wisconsin dual eligibles (individuals eligible and enrolled in Medicaid and Medicare) account for 64% of current Medicaid FFS drug spend, 68% of Medicaid FFS prescriptions and approximately 105,000 FFS recipients. Effective January 1, 2006, Medicaid drug coverage for dual eligibles will end, as the Medicare Part D benefit is implemented. A summary of the estimated reduction in Medicaid FFS expenditures by drug category is included in this document as Attachment C. SeniorCare drug benefits are expected to continue unchanged.

The State has adopted a variety of strategies to control escalating drug expenditures that are unique to state programs as well as techniques commonly used by the private sector. Innovative, cost-effective, expenditure reduction proposals identified in this RFI may be considered either as potential complete replacements of existing program administration and policies or as components that complement existing programs.

The Division of Health Care Financing (DHCF) is responsible for implementing the pharmacy program for Medicaid, including establishing policies, setting operational guidelines and supervising the provision of Medicaid pharmaceutical providers. DHFS/DHCF has a current contract with Electronic Data Systems (EDS) to provide fiscal agent services for Medicaid. EDS designs, operates and maintains the Medicaid claims processing system to meet Wisconsin and federal Medicaid Management Information Systems (MMIS) requirements.

Wisconsin Medicaid is composed of three major programs:

- Standard Medicaid (644,113 enrolled as of 4/05) – Very low-income children, parents and pregnant women (AFDC and Healthy Start) and elderly and disabled (SSI).
- BadgerCare (90,017 enrolled as of 4/05) – Children and parents up to 185 percent of the federal poverty level (FPL).
- SeniorCare (71,340 enrolled as of 4/05) – Seniors up to 200 percent FPL (pharmacy benefit only).
- Non-Medicaid SeniorCare (15,660 enrolled as of 4/05) – Seniors 200 to 240 percent FPL who are provided a pharmacy benefit only that is funded entirely by the State with no federal Medicaid match.
- Wisconsin Medicaid also funds a number of sub-programs designed to promote the health and independence of the elderly, disabled and others, including Family Care, Home and Community-Based Waivers, Well Woman, Katie Beckett and the Medicaid Purchase Plan.

1.8 Wisconsin Medicaid Pharmacy Benefits – Fee-for-Service

Wisconsin pays the lesser of: 1) the average wholesale price (AWP) minus 13% plus a dispensing fee (the 2005-07 Executive Budget proposes reducing the reimbursement rate to AWP minus 16%), 2) the Wisconsin maximum allowable cost (MAC) plus a dispensing fee, or 3) the federal upper limit (FUL) plus a dispensing fee. The current dispensing fee is \$4.38. The Executive Budget proposes reducing this to \$3.88 effective July 1, 2005.

Wisconsin provides fee-for-service prescription drug benefits in Medicaid, BadgerCare and SeniorCare. Together, prescription drug expenditures for these three programs are expected to be \$750 million in SFY 05. Federal Medicaid drug rebates are expected to be approximately \$172 million in SFY 05.

- Prescription drugs are the fastest growing component of health care costs nationally. In Wisconsin, Medicaid expenditures for drugs have increased

approximately 36% on a cumulative basis over the past three years (22..6% caseload, 13% cost per Rx and -0.7% Rx per recipient).

- In the past 12 months the cost per recipient trend has been reduced to under 3% through a number of additional cost containment measures but principally driven by the adoption of a preferred drug list. More detailed information on costs and utilization are provided in Attachment C.
- In September 2000 Wisconsin implemented SeniorCare, a pharmacy only benefit program authorized through a federal Pharmacy Plus 1115 waiver (the waiver provides federal Medicaid match dollars for individuals up to 200 percent FPL; the State entirely funds benefits for people 200-240 percent FPL). As of April 2005, 87,000 people were enrolled in SeniorCare.

1.9 Current Wisconsin Medicaid FFS Pharmacy Management Policies

DHFS currently employs a number of prescription drug management strategies. Together, these have been successful in keeping Wisconsin's Medicaid prescription drug cost growth rate below national averages. The strategies employed include:

Maximum Allowable Cost (MAC) – DHFS establishes MAC prices as the allowable reimbursement rate for most generic drug products. Generic products comprise about 60 percent of all MA-fee-for-service prescriptions, and MAC prices have been established for about 75 percent of generic products. Typically, Wisconsin MAC prices are lower than those established by most states and the federal government. Wisconsin MAC prices are available at the Medicaid website:

http://dhfs.wisconsin.gov/medicaid4/pharmacy/data_tables/pdfs/legend_mac.pdf.

Brand Medically Necessary – When generic products are available and on the MAC list, the prescriber must indicate in writing that the brand drug is medically necessary. Less than 1 percent of prescriptions contain this over-ride, indicating that Wisconsin is experiencing success minimizing the use of brand-name drugs when generics are available. Wisconsin Medicaid experienced a 60% generic fill rate in March 2005.

Preferred Drug List - The 2003-05 State biennial budget provided the Department new authority to establish a preferred drug list (PDL) and supplemental rebate program, Ch. 49.45 (49m), Wis. Stats. This provision authorizes the Department to design and implement a prescription drug cost control program that includes “a list of...preferred choices within therapeutic classes.” The provision also establishes authorization for supplemental rebate agreements. In July 2005 DHFS began working with Provider Synergies LLC to implement a PDL. To date, 36 classes have been included in the PDL. Provider Synergies has projected annual savings of \$38.5 million All Funds resulting from these 36 classes. Wisconsin intends to join a multi-state PDL later this year. The

Medicaid PDL is available at the Medicaid website:

http://dhfs.wisconsin.gov/Medicaid/pharmacy/pdl/pd_list.pdf.

STAT PA – The Wisconsin STAT-PA system is a Prior Authorization (PA) system that allows Medicaid-certified pharmacy providers to request and receive PA electronically, rather than on paper, for certain drugs. Providers are allowed to submit up to 25 PA requests per connection if using a personal computer and five PA requests per connection for touchtone telephone and help desk queries. More information about the pharmacy STAT PA system is available at the Medicaid website or at the vendor conference.

Diagnosis Restrictions – Requires the pharmacist to submit a diagnosis for claims related to select drug classes. The claim is denied if the diagnosis is not approved as corresponding to the drug. This restriction applies to about 1 percent of reimbursed prescriptions. More information about current diagnosis restricted drugs is available at the Medicaid website:

http://dhfs.wisconsin.gov/medicaid4/pharmacy/data_tables/diagnosis_restricted.asp.

Prospective Drug Utilization Review (ProDUR) – The ProDUR provides an alert to the pharmacist regarding a patient's drug therapy at the point-of-sale (POS) before a prescription is filled. The report compares the new claim to patient's recent claim history and alerts the pharmacist to potential therapeutic duplication, drug-disease contraindications, drug-drug interactions, incorrect drug dosage or clinical abuse/misuse at the point of sale.

Retrospective Drug Utilization Review (RetroDUR) – The RetroDUR identifies prescribing and utilization patterns that appear to fall outside best practice guidelines. Physicians are alerted by letter of potential drug therapy problems among their patients, such as therapeutic duplication, drug-disease contraindications, incorrect drug dosage or duration, drug-induced illness or clinical abuse/misuse among their patients.

Wisconsin RetroDUR has also recently implemented a new quality improvement program. The Wisconsin Behavioral Pharmacy Feedback Program (BPFP) is designed to improve clinical care, while also holding down some of the projected increase in pharmacy costs. BPFP has partnered with Comprehensive NeuroScience, Inc. (CNS), to use available pharmacy claims data from Medicaid fee-for-service patients to compare the prescribing patterns of certain mental health drugs by individual prescribers with national guidelines. Additional information about the BPFP is available in Attachment E.

Maximum Days Supply – Limits reimbursement to no more than a thirty-four (34) days supply with exceptions for some maintenance drugs, according to HFS 107.10, Wisconsin Administrative Code, <http://www.legis.state.wi.us/rsb/code/hfs/hfs107.pdf>.

Pharmaceutical Care (PC) – Wisconsin Medicaid provides pharmacists with an enhanced dispensing fee for PC services given to fee-for-service recipients. These services include enhanced education and counseling intended to increase patient compliance and prevent abuse or inappropriate use. The purpose of PC is to maximize the effectiveness of medications for the patient through intervention by the pharmacist. More information about PC is available at the Medicaid website:

<http://dhfs.wisconsin.gov/medicaid2/handbooks/pharmacy/dur/appendix9.htm>.

Additional information on the Department's practices in each of these areas can be obtained at the vendor conference and on the web at the indicated URLs.

1.10 Wisconsin Medicaid Pharmacy Benefits – Managed Care

Currently, Wisconsin Medicaid HMO enrollees receive pharmacy benefits under terms of contracts for fully capitated reimbursement with several HMOs. Wisconsin Medicaid HMOs must arrange for provision and coverage of all medically necessary drugs, subject to and consistent with current Medicaid fee-for-service policies. Medicaid HMO pharmacy benefits are currently administered independent of any single administrative entity or pharmacy management protocol. The HMO may place PA requirements on any drug, including use of preferred drug list. The Department supports the use of cost effective generic and therapeutic equivalents when appropriate. The HMO must have clear and concise written guidelines that are consistent with current medical literature. The guidelines must be distributed to providers so that they understand the limitations. Federal Medicaid law requires a 24-hour response to the PA request and a process for ensuring that the patient be given a 72-hour supply of medication in an emergency situation.

The HMO must inform the recipient of their grievance rights on any denial or reduction of benefits. If the HMO denies a PA request, and the recipient files a grievance at the Department level, medical consultants consider the HMO guidelines in their final decision. If the grievance is filed with Wisconsin's Division of Hearings and Appeals, the final decision will be based on Medicaid policy. The HMO will be able to participate in the fair hearing concerning its member, and at the discretion of the Administrative Law Judge, the HMO may present information about its prior authorization policies.

Medicaid HMOs had total enrollment of 352,000 in March 2005. HMO enrollment data is available at the Medicaid website:
http://dhfs.wisconsin.gov/medicaid7/reports_data/monthlyreports/monthly/05/march05.pdf.

Additional information on the Department's pharmacy management policies for HMOs can be obtained at the vendor conference.

2.0 Medicaid Managed Care Pharmacy Encounter Data

Medicaid managed care pharmacy utilization and expenditure estimates based on HMO reported encounter data is provided in Attachment D. Expenditure data reported is based on drug prices under the Medicaid FFS payment methodology and is not intended to provide an estimate of actual prescription drug costs incurred by Medicaid HMOs.

3.0 Medicaid Fee-for-Service Pharmacy Data

Medicaid FFS prescription drug utilization and expenditure data is provided in Attachment C.

Vendors should note these data represent gross expenditures for covered drugs; dispensing fees and allowed ingredients costs. Federal drug rebates reduce these expenditures by an average of approximately 23%. Supplemental rebates generated in conjunction with the Medicaid preferred drug list provide additional rebate revenue, effectively reducing the net cost of preferred brand drugs further.

4.0 Submitting a Response

Please submit your responses by June 30, 2005. Indication of an interest in providing a cost estimate or submitting a cost estimate will in no way obligate either the interested entity or the Department of Health and Family Services. This request is not a solicitation for proposals, bids or services, nor does it represent any other formal procurement device.

Interested parties should submit a response by addressing the questions in Section IV. Responses should be no longer than 25 pages. Responses may be submitted US post or common carrier to the following address:

Mark B. Moody, Administrator
Division of Health Care Financing
Department of Health and Family Services
1 W. Wilson Street – Room 350
Madison, WI 53702

If responders have proprietary concerns, a Designation of Confidential and Proprietary Information form (DOA-3027) is attached. The form may be completed and submitted with your response.

4.1 Vendor Response Guidelines

Identify specific opportunities for improved management of Medicaid fee-for-service or managed care pharmacy costs, based on current Medicaid pharmacy data and trends. Interested parties are reminded to account for the reduction in Medicaid expenditures and utilization after the implementation of Medicare Part D, effective January 1, 2006. Information submitted by interested parties is expected to demonstrate the vendor's understanding of the State's objectives,

efficiency and soundness of approach to PBM functions in a Medicaid population, and recognize the efficiencies achieved by the Medicaid fee-for-service pharmacy program.

Respondents should indicate whether they would propose to deliver the entire value chain as a package or selected components of the value chain with highest incremental value realization.

4.2 Cost Savings Estimates

Provide prescription drug cost savings estimates based on the current Medicaid policy and Medicaid pharmacy data described in Attachment B (Medicaid fee-for-service pharmacy data).

Respondents should indicate the expected incremental cost savings, the portions of the value chain that will produce the incremental savings and the basis on which the cost savings are estimated.

Respondents should give an indication of the range of implementation costs and ongoing operational costs for services recommended.

4.3 Vendor Conference (Q & A only)

Interested parties will be invited to a meeting in Madison, Wisconsin to be held approximately two weeks prior to the RFI response deadline of June 30, 2005. The purpose of the meeting is to allow interested parties to ask questions relating the RFI and Wisconsin's current fee for service and managed care pharmacy benefits management programs.

4.4 Vendor Meetings

The Department may invite vendors who submit responses to this RFI to meet and discuss their response in greater detail.

Attachment A

Wisconsin Pharmacy Benefit Management RFI Vendor Data Sheet

Attachment A must be completed and submitted with each response to this request for information document. This is intended to provide the State with information on the vendor's name and address, and the specific persons who are responsible for preparation of the vendor's response. Each vendor must also designate a specific contact person who will be responsible for responding to the State if any clarification of the vendor's response should become necessary.

Vendor

Name: _____

Address: _____

Prepared By: _____

Title: _____

***Contact
Person:*** _____

Title: _____

***Phone
Number:*** _____

***Please provide Vendor contact information for receipt of additional information
regarding this RFI (if different from above).***

Contact

Person: Same as above ***Title:*** _____

***Vendor
Name:*** _____

Address: _____

***Phone
Number:*** _____ ***Email
address:*** _____

Attachment A

STATE OF WISCONSIN

DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION

DOA-3027 N(R01/98)

The attached material submitted in response to Bid/Proposal # _____ includes proprietary and confidential information which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats., or is otherwise material that can be kept confidential under the Wisconsin Open Records Law. As such, we ask that certain pages, as indicated below, of this bid/proposal response be treated as confidential material and not be released without our written approval.

Prices always become public information when bids/proposals are opened, and therefore cannot be kept confidential.

Other information cannot be kept confidential unless it is a trade secret. Trade secret is defined in s. 134.90(1)(c), Wis. Stats., as follows: "Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique or process to which all of the following apply:

1. The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.
2. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

We request that the following pages not be released

Section	Page #	Topic

IN THE EVENT THE DESIGNATION OF CONFIDENTIALITY OF THIS INFORMATION IS CHALLENGED, THE UNDERSIGNED HEREBY AGREES TO PROVIDE LEGAL COUNSEL OR OTHER NECESSARY ASSISTANCE TO DEFEND THE DESIGNATION OF CONFIDENTIALITY AND AGREES TO HOLD THE STATE HARMLESS FOR ANY COSTS OR DAMAGES ARISING OUT OF THE STATE'S AGREEING TO WITHHOLD THE MATERIALS.

Failure to include this form in the bid/proposal response may mean that all information provided as part of the bid/proposal response will be open to examination and copying. The state considers other markings of confidential in the bid/proposal document to be insufficient. The undersigned agrees to hold the state harmless for any damages arising out of the release of any materials unless they are specifically identified above.

Company Name_____

Authorized Representative_____Signature

Authorized Representative_____Type or Print

Date_____

This document can be made available in accessible formats to qualified individuals with disabilities.

Attachment B

See attached PDF file.



N:\RFB_RFP\
hp05017 Attachment

Attachment C

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hp05017 Attachment

Attachment D

See attached PDF file.



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Attachment E

The Division of Health Care Financing (DHCF) and the Wisconsin Bureau of Mental Health and Substance Abuse (BMHSA) are implementing a new quality improvement program. As it is called, the Wisconsin Behavioral Pharmacy Feedback Program (BPFP) is designed to improve clinical care, while also holding down some of the projected increase in pharmacy costs. BPFP has partnered with Comprehensive NeuroScience, Inc. (CNS), to use available pharmacy claims data from Medicaid fee-for-service patients to compare the prescribing patterns of individual prescribers with national guidelines.

An advisory panel of Wisconsin Psychiatrists, pharmacists, APNPs and other stakeholders will provide input on the specific guidelines to be used for this project. Prescribers who significantly deviate from these guidelines will get feedback comparing their own practice with those of their colleagues around the state.

The experience from other states is that feedback to prescribers can help both improve the quality of care they provide, while potentially saving money for the Medicaid system. Prescribers will never be told what they can or cannot prescribe. All change on the part of prescribers is voluntary. The individual prescriber will continue to be in the position of deciding whether a particular patient's needs justify the decision to go beyond normal prescribing practice.

The hope is that the information provided to prescribers will be useful, without being coercive. Experience from other states demonstrates that physicians will self-regulate their own prescribing patterns once they are fully aware of best-practice standards.

In May, DHCF will begin sending educational alerts to the 500 physicians in the State who accounted for 72% of total prescribing deviations from best practice standards based on pharmacy claims from January through March 2005.